

committee immediately and report at once as to its personnel to the Secretary of the State Society, in the enclosed envelope.

Yours truly,

RENÉ BINE,

Chairman Committee on Health Insurance.
Address: 350 Post Street, San Francisco.

ANOTHER SWINDLER.

A rather clever way of getting a few dollars out of the doctor came to our attention last month, and is worthy of record for reference. A workman appeared in the office of a specialist in San Francisco, with a letter purporting to come from Gordon and Gillis, General Contractors, asking the doctor to take professional care of one of their valued employees, a Mr. Leroy Williams. The patient was carefully examined and was advised that his case would require a somewhat long period of treatment. He asked about what the expense would be and was told; whereupon he stated that he would like to pay something on account, and produced what appeared to be a draft for \$85.00, asking the physician to take out \$25.00 and give him the rest. This particular doctor, being cautious, told him he would send the check to the bank and the man could come the next day and get his money. It is needless to say that the check was returned by the bank, unpaid, and that the man never showed up again.

NEW VIEWS ON TUBERCULOSIS.

Dr. Maurice Fishberg, a review of whose book on pulmonary tuberculosis will be found elsewhere in the JOURNAL, has presented in a very striking and original way a number of thoughts in regard to tuberculosis that are well worth our careful consideration. The review of his book, already referred to, is extensive, and will give any one interested an excellent idea of its range and scope.

— NOTICE —

The California State
Journal of Medicine and
the Medical Society
State of California
Telephones are now

— DOUGLAS 62 —

ORIGINAL ARTICLES

SECOND THOUGHTS ABOUT SALVAR-SAN THERAPY.*

By WILLIAM E. STEVENS, M. D., San Francisco.

As the supply of salvarsan and neosalvarsan has been temporarily discontinued it seems appropriate at this time to consider some of the contraindications for their use and common errors in the technic of the various methods of administration. These preparations, of great value in the treatment of syphilis, contain large amounts of arsenic and are capable of producing some very disastrous and even fatal results when incorrectly employed. This important fact seems to have been lost sight of, for salvarsan has been carelessly, even recklessly, used by many reputable practitioners.

CHOICE OF PREPARATIONS.

Neosalvarsan should be discarded in favor of salvarsan except in those few instances where there are grounds for the belief that an idiosyncrasy exists, or when administration in the office is imperative. The superiority of the latter over the former drug is shown by Nelson and Haines of the Fort Leavenworth, Kansas, Military Prison, who report twice as many negative Wassermann reactions after four injections of salvarsan with mercurial treatment as were obtained after five injections of neosalvarsan and the same amount of mercury. E. H. Martin of Hot Springs, Ark., obtained similar results.

CONTRA-INDICATIONS.

Only positive indications should warrant the employment of this drug. The following cases reported by Brandenburg and Kannengiesser illustrate this fact. A robust man had undergone thorough anti-syphilitic treatment four years previously and although his blood was negative to repeated Wassermann tests, and his wife and children were likewise healthy, he was nevertheless given an intravenous injection of 0.5 grams of salvarsan; vomiting and diarrhea followed immediately and the patient died in convulsions four days later. Kannengiesser's patient was a robust man of 29 who developed convulsions followed by death three hours after salvarsan. No cause was found on autopsy.

Another patient suffered from an anemia for which no cause could be found. Salvarsan was given intravenously in doses of 0.1 and 0.2 grams on consecutive days. Seventy-two hours later paralysis of both arms developed. Recovery followed, but the arms were still weak six months after the treatment.

Davidson of Los Angeles reports the case of a vigorous young man suffering from secondary lues who immediately after the injection of 0.6 of neo-salvarsan became cyanosed, pulseless and suffered agonizing pain in the precordium. He recovered some hours later, however, following frequent injections of adrenalin solution and saline enemas. Davidson thought the collapse probably due to the vaso dilation caused by the salvarsan superimposed

* Read before the San Francisco County Medical Society, November 30, 1915.